



Office Use Only

Application For Registration of Crane Game

Submit \$120.00 check payable to:
Department of Administration-Gaming
Note: Submit one application for each crane,
if there are more than one in a cabinet.

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Number:

Date:

Please Print In Ink or Type

Name of corporation, partnership, or sole owner of crane game. If individual, enter last name first.

If corporate/partnership owner, enter name of responsible person.

Enter address of owner applicant listed above.

Number Street City State ZIP

Enter area code & telephone number where applicant can be contacted during the day. ()

Enter location of game. *

Name of Establishment

Number Street City State ZIP

* If location frequently changes due to carnival or other such type of business, attach schedule.

What is the principal business carried out at the location of game?

Enter the name of the manufacturer of the game.

Enter the serial number of the game.

Applicant must sign in the presence of a Notary Public.

I hereby swear and affirm that the answers set forth are true and correct to the best of my knowledge and belief and I understand that failure to comply with the license law or rules and regulations of the State of Wisconsin, Division of Gaming will be cause for disciplinary action.

Signature of Owner or Operator

Date (mm/dd/ccyy)

Subscribed and sworn before me this _____ day of _____, year of _____.

Signature of Notary Public

Date Commission Expires

Note: Any change in any of the above information must be reported to the Division in writing within 10 days.

This document can be made available in accessible formats to qualified individuals with disabilities.